MANAGEMENT RESPONSE TO THE EVALUATION OF THE BEYOND ESSENTIAL SYSTEMS PHASE I PROJECT 2019-2024

Evaluation overview

Between 2019 and 2024, DFAT invested AUD21.9 million in health information systems projects across Pacific island countries led by Beyond Essential Systems (BES) (the Phase I project). BES is a Melbourne-based B Corp company, with a focus on providing sustainable health information systems developed and adapted for the Pacific, operating on a low profit basis. The project was managed by DFAT's Global Health Division (GHD).

DFAT's vision for the project was to strengthen health information systems in Pacific Island countries by establishing a network of integrated digital health systems. This would provide greater visibility across the health system, improve access to data and evidence for policy and other decision-making, strengthen country responses to disease threats and ensure improved medicines and medical supply availability through a move away from paper-based systems. There was a focus on upskilling local staff and champions of change, who could then teach and support others in collecting, analysing and using data to support decision-making.

GHD engaged an independent team through the Specialist Health Service (SHS) in August 2024 to conduct an evaluation. This exercise finalised in April 2025, was the first formal evaluation of the Phase I project, however, an analysis of the achievements against End of Program Outcomes (EOPOs) drawn from periodic partner reporting was conducted through the SHS in 2022. A mid-term review was started by GHD in 2021 but was not finalised due to methodological issues and competing priorities in the context of the COVID-19 pandemic.

The evaluation used a mixed methods approach to answer five key evaluation questions, including a desktop review, face-to-face and remote interviews with stakeholders, and a user survey. The evaluation was heavily informed by the evaluation team's visits to four countries, which captured the feedback and perspectives of partner country stakeholders. The evaluation examined the wider country contexts and eco-software in which digital health systems are implemented to identify contextual factors aiding and hindering results. The scope of the evaluation extends beyond that of BES' role and performance to assess the engagement and contributions of other key stakeholders involved in shaping the project and influencing outcomes, including DFAT and country partners.

Through dialogue, gathering stories, data and analysis of reports, the evaluation assessed:

- **Effectiveness**: To what extent has the project achieved its EOPOs, and what is the level of significance and satisfaction with outcomes generated?
- **Efficiency**: To what extent has the partnership approach and the program modality and its implementation operated efficiently to achieve the desired results?
- **Gender Equality, Disability Inclusion and One Health**: To what extent has the project integrated and advanced gender equality, disability inclusion and a One Health approach?
- **Relevance**: Was the investment the right thing to do, from both Pacific island country partner and Australian perspectives?
- **Sustainability and Localisation**: How, and to what extent, will the benefits of BES Phase 1 activities be sustained beyond the life of the project?

The three-person evaluation team of consultants engaged through the Specialist Health Service – a team leader, a gender equality, disability and social inclusion (GEDSI) expert, and a Pacific health expert – conducted a rapid review of documents and in-country and remote interviews with Ministry of Health personnel and other stakeholders in Fiji, Nauru, Samoa and Solomon Islands. The evaluation team provided a final report in April 2025.

Key findings

The evaluation found that the project performed well overall and achieved significant results in advancing the transition to digital health systems in the Pacific. The evaluation team noted that this was particularly significant given the complexity of the sector and partners involved, and the constraints in the operating environment.

Effectiveness

EOPO 1 was achieved, resulting in significant improvements in capabilities and functionality over paper-based solutions. EOPO2 was partially achieved, with evidence of use for planning and resource allocation at the operational and management levels, but less so at the strategic level.

Efficiency

The project was efficiently delivered by BES, which is a low-cost quality provider. However, a lack of clarity of roles and responsibilities and accountability for the project's development-focused components have hindered results.

Gender Equality, Disability Inclusion and One Health

BES' software has integrated sex disaggregated data sets, and Tupaia visuals are presented in a way that enhances data disaggregation by sex and visibility of disparities. Some systems have integrated functionality to capture impairment-focused data. However, the lack of dedicated project inputs and strategy to support the analysis and use of data has meant that efforts have not translated into inclusion outcomes.

Relevance

Australia's investment in strengthening digital health in the Pacific is highly relevant, with project activities strongly aligned with partner country priorities. The model could be enhanced through stronger integration at a country level, and linkages with regional institutions.

Sustainability and Localisation

Sustainability across partner countries varies significantly. Some ministry stakeholders are heavily dependent on BES, creating a critical vulnerability. The gateway to enhanced sustainability lies in building stronger local ownership, governance mechanisms and informed consumers of digital technology.

Individual management response to the summary of recommendations

Key Recommendations

Summary	Response	Action Plan	Timeframe
Key Recommendation 1. That BES package up and communicate the set of capabilities, equipment, functions and resourcing (including staffing positions) required to operate and sustain the systems in each supported country to support partners, including BES to develop transition and sustainability plans. *- BES*	Accepted	In the Phase II project, BES is supporting transition planning, to enable integration and ownership of system improvements. BES will develop sustainability strategies for countries with funded projects as a milestone deliverable by February 2026. BES is extending its training approach to deliver tiered training to further upskill staff and build a stronger awareness of technical functionality and user ability to read, analyse, and interpret data for full optimisation of the system. Upon changes in senior leadership in partner governments, Posts and BES agree to prioritise communicating about the existing BES agreement, existing governance structures and implications. Specifying staffing planning and resourcing also extends beyond the scope of BES's work. The Pacific Community (SPC) Public Health Division is currently planning to undertake this work through regional activities, and DFAT will promote closer collaboration between BES and SPC PHD.	Ongoing
Key Recommendation 2. That DFAT assist country partners to explore avenues and options to transition the digital systems to full local ownership, and to assist country partners to develop transition plans[1] that strengthen the sustainability of capability developed under the Phase I project (and beyond to support country partners to gradually take full	Accepted	DFAT is supporting country partners to develop a stronger understanding of the range of technical support options upon project closure, to ensure partners can plan their own development trajectory into the long term. At the outset of new projects, BES will provide full visibility of ongoing support costs at the end of the Phase II project	Ongoing

---

[1] Transition plans should support sustainability and local ownership, with a focus on governance and leadership, workforce capacity, infrastructure, and financing strategies and requirements needed to maintain the digital health systems and their benefits, relevant to low-resourced health systems.

Summary	Response	Action Plan	Timeframe
responsibility). As part of this process DFAT should clarify future funding expectations, including whether DFAT will continue to provide funding for digital system support costs, or at which point countries are expected to pay for support. *- DFAT*		implementation. BES and DFAT will seek commitments from country partners to take on these support costs prior to commencement. DFAT will ensure that countries understand the level of investment of staff time and internal budget allocation required to ensure project success. DFAT is providing complementary funding to SPC Public Health Division which will support countries to develop digital health strategies and transition plans (including the required workforce for sustainability).	

Suggestions for future phases and programs

Summary	Response	Action Plan	Timeframe
1. Develop and implement comprehensive Change Management Plans from the outset for all projects, ensuring active engagement of partner countries throughout the process, from development to implementation. Consider adopting the Prosci Change Management Methodology and the ADKAR (Awareness, Desire, Knowledge, Ability, Reinforcement) model to guide the transition. A particular focus should be placed on the Reinforcement aspect and in building and sustaining the Desire to participate in the change. *- BES and partner countries*	Partially accepted	BES is incorporating change management planning into all new projects e.g. Tuvalu. Beyond building technical competencies to use systems, BES is enhancing its support by ensuring effective stakeholder engagement and improving communication at all levels, to build awareness about the importance of the change, and fostering a desire among users to actively participate in the change process. Part of this recommendation (for partner countries) is beyond the scope of BES' span of control. DFAT will engage with partner countries (as captured by the investment level Policy Dialogue Matrix for the Phase II project) to promote active change management.	January 2025 and ongoing

Summary	Response	Action Plan	Timeframe
2. Establish multidisciplinary governance bodies in all countries, ensuring balanced representation from key stakeholders, including partner countries, BES and DFAT. The governance structure should define clear roles and responsibilities for each member, including oversight of the change management process to ensure accountability, efficiency, and effective adoption of the system. *– DFAT (GHD and Posts) and country partners*	Partially accepted	Establishing governance arrangements should be led by country partners, so this recommendation is partially accepted. Fiji and Nauru have already established country-level governance committees that have played an active decision-making role across the project. DFAT and BES are supporting these arrangements, where needed. BES will continue to identify opportunities to establish and strengthen the in-country governance arrangements where they do not exist, to ensure contextually appropriate systems and local accountability for project decision making. DFAT (GHD and Posts) is supporting country partners to understand their important responsibility of engaging with governance, coordinating internal efforts, leading and oversighting change management processes. However, as per recommendation 1, there are limitations on the extent to which the recommendation can be addressed through the investment. As additional program elements are added in countries during the life of the project, such as recently in Kiribati, Timor-Leste and Tuvalu, BES will clearly articulate the role and function and other partners in ensuring the success of the project (e.g. ministries of health, hospitals, national medical stores, and public health departments).	Ongoing
3. Develop a communications plan that ensures country partners (users at all levels) understand the full functionality and purpose of the system, pathway to achieving full adoption and use for intended purpose, and that users are updated on all requests	Accepted	BES is increasing efforts to help users and decision makers (partner countries) understand the full functionality of the new systems and will clearly document their strategy to ensure this.	April 2025

Summary	Response	Action Plan	Timeframe
for customisations of key system functionalities, and ensure all requests are included in BES' ticketing system. **- BES**		These efforts will ensure that users are updated on all requests for customisations of key system functionalities, and ensure all requests are included in BES' ticketing system.	
4. Establish a mechanism to facilitate peer learning and knowledge sharing among countries implementing digital health systems including Tamanu, Tupaia, and mSupply, with regular forums helping partner countries to avoid repeating mistakes, optimise resources, accelerate their learning, and the effectiveness and sustainability of digital health systems[2]. This mechanism could also be used to share lessons on analysis of data to understand access and who is not being reached or left behind. **– BES (if resources are made available)**	Accepted	Peer-to-peer learning has been in place since 2023 (including a regional users forum in 2023, building a network of local super users across the region, and a separate budget line for cross-country deployments) under the Phase I project. The approach continues in the Phase II project.	2023 and ongoing
5. Develop a more comprehensive M&E framework (MELF) and plan that sets benchmarks for success in each country and captures data to tell the full performance story including challenges (technical and developmental), progress towards successful adoption (quality data and full use of systems for their intended purpose including decision making), impact on access to medical services and supplies (including on groups who experience inequalities and social disadvantage), and localisation and sustainability. The M&E system should encompass qualitative metrics and analysis and be informed by direct feedback from partner country stakeholders. **– GHD (at a whole of program level), and BES (at a project level)**	Accepted	For the Phase II project, BES (and the mSupply Foundation) developed a comprehensive MEL Framework (MELF) in November 2024. Recognising the evolving nature of the work with country-level activities being added during the life of the project, BES has engaged a MEL consultant to review the MELF and make any updates by November 2025 for DFAT approval. BES anticipates refreshing the MELF to include qualitative metrics and analysis to help tell the full performance story including challenges (technical and developmental) and progress towards successful adoption.	November 2024, review by November 2025

---

[2] The approach could build on existing models, such as the Indo-Pacific Digital Health Users Forum hosted by BES in August 2023, where users exchanged lessons learned and solutions to common challenges.

Summary	Response	Action Plan	Timeframe
		The in-country meetings BES is planning (a data convergence meeting in Samoa is planned for October) will provide opportunities to fully assess adoption and impact.	
6. Ensure DFAT standards are applied and adhered to (including DFAT design, Monitoring and Evaluation Standards, and Gender Equality, Disability Equity and Rights requirements) and ensure partners have systems and capacity in place to meet ODA requirements and achieve development outcomes, including by conducting associated due diligence, independent reviews and evaluations, and technical assessment where appropriate. DFAT is also encouraged to implement a contractual obligation to ensure all future funded development is licensed under an OSI-approved license, institute periodic monitoring of Open Source Software (OSS) licensing and source-code publishing compliance and engage with country partners to ensure they develop an understanding of the different options available for sustaining the software products following the cessation of DFAT funding. *- GHD*	Partially accepted	Gender Equality and Disability Inclusion was not a design requirement of the Phase I project, but in the Phase II project, BES has developed a comprehensive gender equality and disability equity strategy, based on a gender analysis that considers all focus country contexts. DFAT has set clear expectations according to the new International Disability Equity and Rights Strategy (2024) and the International Gender Equality Strategy (2025), including country-led approaches, and associated monitoring during implementation. The Phase II project sits under a broader investment on health information systems, which incorporates specific expertise from the Australian Institute for Health and Welfare (AIHW), to support countries to undertake analysis of GEDSI data. DFAT is also supporting this approach through funding the SPC Public Health Division. DFAT will encourage stronger links between AIHW, SPC and BES to harness the opportunity for learnings and progress in this area. DFAT welcomes the findings and recommendations on strengthening open-source arrangements. We sought independent advice from CSIRO on the Australian Government's position on OSS, which clarified that actual licensing choice comes down to intended outcomes and the multi-license model used by BES is not uncommon. BES recognised the importance of the findings, and at the time of the evaluation, had already begun strengthening arrangements. Tamanu and Tupaia were relicensed in	Ongoing

Summary	Response	Action Plan	Timeframe
		February 2025 under the GNU General Public License version 3 (*GPLv3)* license which meets OSI standards. BES's Fast Healthcare Interoperability Resources application programming interface (FHIR API), which exchanges and translates data between systems is currently not open source. However, there are real limitations on the utility of partner countries having open-source access to the FHIR API. DFAT will ensure that BES is transparent about the open-source status of the FHIR API.	
7. Establish a complementary flexible funding mechanism, to enable Posts to provide direct Technical Assistance or other forms of support to country partners or engage other development partners to assist partner countries to implement the non-technical, development aspects critical to the program's success, including change management, governance, inclusion and analysis of health data – in a manner that fosters local ownership and in-house capacity. *- DFAT (GHD and Posts)*	Accepted	Posts already have a flexible funding mechanism, that can be used for direct technical assistance to enhance country ownership of health information system and supply chain projects. GHD is focusing on enhancing linkages between projects in order to strengthen development aspects of the Phase II project, particularly with SPC and AIHW.	Ongoing
8. Ensure DFAT involvement (Post and GHD) in early country level partnership brokering for regional projects to ensure a clear demarcation of roles (that includes management and oversight by DFAT) and establishment of governance arrangements (that involve DFAT GHD, Posts, BES and country partners). *– DFAT (GHD and Posts)*	Accepted	As above – see response under recommendation 2.	Ongoing
9. Clarify what constitutes a 'regional project' and consider using the GHD regional funding vehicle flexibly to augment bilateral projects through complementary inputs, in addition to funding discrete projects to achieve EOPOs. While maintaining visibility	Partially accepted	Under PHR, DFAT has improved processes and tools to enhance coherence and linkages between regional and bilateral programs. The regional program is being used to respond to country partner priorities in a way that leverages economies of scale and draws in additional expertise. It is not	Ongoing

Summary	Response	Action Plan	Timeframe
on BES' full suite of projects in the region, DFAT is encouraged to request more clearly delineated narrative reporting from BES, which demonstrates the contribution of regional funding – whether through discrete activities, or in augmenting bilaterally funded projects. **– GHD**		necessary or possible to have a hard delineation between bilaterally and regionally funded activities as one contributes to and enhances the other.	
10. Explore opportunities to embed a stronger coordination role by Posts in driving links between BES and partner countries, and other development actors (particularly in areas such as gender equality and disability inclusion, and strengthening analysis of health data) on a country case by case basis, pursue opportunities for policy dialogue, and ensure relevant personnel at Posts systematically receive summary reporting on BES activities funded under the regional project[3]. **– DFAT (GHD and Posts)**	Accepted	Under the Partnerships for a Healthy Region initiative (PHR), DFAT has engaged country-level PHR coordinators to drive better links between delivery partners and partner country stakeholders, enhance coherence with bilateral programs and give greater visibility of activities and achievements to Posts. This is captured under the Investment Design Summary. GHD has also put in place a country focal point (CFP) for all countries covered by PHR, to strengthen communication and coordination with Posts. DFAT Program Manager along with CFPs are sharing annual reporting on BES activities funded under the regional project, and routine updates, including details on country level activity implementation. BES are also planning to convene annual country level meetings with partner governments, Post and BES in Fiji, Nauru, Palau, Samoa, Tonga and Tuvalu.	Ongoing
11. Increase activity timeframes, and encourage a slower pace of delivery when issues of adoption or data quality are persistent, and bring a greater management and monitoring lens to the quality of data, adoption and use for decision making among users at all levels which is essential for viability and	Accepted	DFAT recognises that short activity timeframes are a limitation to progress and country ownership. While the limitation of budget cycles remains, DFAT has bolstered budgets for country level implementations, where the partner	Ongoing

3 While GHD confirmed this practice is in place, DFAT is encouraged to identify and address any disconnect in communication flows.

Summary	Response	Action Plan	Timeframe
success, particularly across more complex contexts where issues of data quality present issues to scaling. - **GHD**		government prioritises allocation of Australian funding to strengthening health information systems. Issues of management and monitoring are being covered through the BES refresh of the MELF (described above under recommendation 5.	
12. Specific technical capabilities are required to support a digital Pacific, however, there is a limited workforce and with migration, this will remain a challenge. DFAT is encouraged to explore options for establishing and growing a local panel of Pacific consultants that can be accessed by country partners for technical support, using cross-country collaboration as a Pacific solution. **- GHD in collaboration with Posts**	Accepted	BES has supported regional collaboration through peer-to-peer learning trips, regional webinars and building user networks across the region, including strengthening collaboration with regional organisations. BES is also providing additional capacity building and training to upskill entry level staff in IT. BES has established a regional hub in Suva, which delivers most basic support to users, but also serves as an incubator for technical support professionals. DFAT is enhancing cross-partner collaborations and complementary investment with regional institutions/partners e.g. SPC, AIHW's Pacific Health Information Support Hub (PHISH), Pacific Health Information Network (PHIN) and CSIRO Strengthening Standards Capability Project (specifically their growing Community of Practice) to build local Pacific expertise. Through DFAT funding, AIHW is working with the Fiji National University to develop a course to provide formal training and qualifications in health information systems.	Ongoing
13. Pursue avenues that support country partners to be informed purchasers and consumers of digital projects and engage regional development partners (such as SPC, WHO, and Pacific Health Information Network (PHIN)) to advance digital health policy, architecture and vision at a regional level, and to contribute to the enhancement of existing digital health systems such as through the screening and	Accepted	DFAT provides complementary funding to SPC Public Health Division, CSIRO Strengthening Standards and Capability Project and AIHW. All partners are active members of the PHIN, and contribute to advancing digital health policy, architecture and vision at a regional level, and supporting the enhancement of existing digital health systems and promoting regional data standards.	Ongoing

Summary	Response	Action Plan	Timeframe
validating of digital products and partners, and promoting regional standardisation. **– GHD**			
14. Raise awareness of the importance of building local IT capacity in the region over the long term in reinforcing development projects (with health being one of many interlinked sectors), advocate for increased prioritisation and investment, and explore avenues to build up the IT digital cohort in the Pacific sustainability in the longer term through other programs, regional mechanisms, or flexible funding pool for partner country capacity building. **- GHD**	Accepted	In Samoa, Palau and Nauru, projects have been advanced by effective change champions (local leaders) who have been instrumental in driving progress. As above – see response under recommendation 12.	Ongoing